



REC 16-065

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

January 9, 2016

REC 16-065

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find applications for 12 systems to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion.

Electronic versions have been entered into the new online application system under batch number KN16001.

Dan Ball	Nathan Hamilton
Walter Collins Jr.	John Howard
Tom D'Aprix	Paul Johnson
Charles Dylun	David Leuser
Don Gagne	Dan Mariotti
Charles Gouin	Brent McGregor

Please feel free to contact me with any questions or further instructions.
Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

NH Public Utilities Commission

REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Basic Information

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN16001

Executive Director email

PUC - Executive.Director

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Dan Ball

Facility Owner email

danball_@hotmail.com

Owner Phone

603-365-5312

Facility Address

145 Old Turnpike Rd

Facility Town/City

Salisbury

Facility State

NH

Facility Zip

03268

Is the facility address the same as the owner's mailing address

- ☒ Yes
☐ No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact (who should we call with questions)

Linda Modica

Contact Phone

Other Email Address

Facility Information

Class

II

Utility

Unitil

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

Facility Operator Name, if applicable

Panel Quantity

Panel Make

Panel Model

Panel Rated Output

System capacity based on panels

Inverter Quantity

Inverter Make

Inverter Rated Output

Add'l Inverter Quantity

Additional Inverter Make

None

Add'l Inverter Model

Rated Output - Primary Inverter

215

Rated Output - Additional Inverter

System capacity based on single inverter make

0.05

System capacity based on two inverter types

System capacity in mW as stated on the interconnection agreement

5.16

Revenue Grade Meter Make

Hialeah

Was this facility installed directly by the customer (no electrician involved)?

- ☐ Yes
☒ No

Electrician Name & Number

Justin Thomas0366C

Other Electrician Name & Number

Installation Company

Granite State Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name

Monitor Company Name

Monitor Company Name

Monitor Company Name

Monitor Company Name

Other Monitor Company Name

Is the installer also the equipment vendor?

- ☒ Yes
☐ No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-168-5797904_mj7azvFA_Ball_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-5797904_rJ7h76qV_Ball_COC.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Linda Modica

Date Signed

01/09/2016



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 7/2/15

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer Name (print): Dan Ball Contact Person, if Company: _____

Mailing Address: 145 Old Turnpike Rd

City: Salisbury State: New Hampshire Zip Code: 03268

Telephone (Daytime): (603) 365-5312 (Evening): _____

Facsimile Number: _____ E-Mail Address: danball@hotmail.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: New Hampshire Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@granitestatesolar.com

Electrical Contractor Contact Information (if appropriate):

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Information:

Address of Facility: 145 Old Turnpike Rd

City: Salisbury State: New Hampshire Zip Code: 03268

Electric Service Company: _____ Account Number: 1130039-1069114 Meter Number: 458033

Inverter Manufacturer: Enphase Model Name and Number: m215 Quantity: 24

Nameplate Rating: .215 (kW) _____ (kVA) _____ (AC Volts) Single ☒ or Three _____ Phase

System Design Capacity: 5.16 (kVA) _____ (kVA)

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No _____

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No _____

Estimated Install Date: July Estimated In-Service Date: July

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: [Signature] Title: Homeowner Date: 7-3-15

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes _____ No _____ To be Determined _____):

Company Signature: _____ Title: _____ Date: _____

Company waives inspection/Witness Test? Yes _____ No _____



Unitil

Certificate of Completion for Interconnection

Installation Information:

_____ Check if owner-installed

Customer or Company Name (print): Dan Ball

Contact Person, if Company: _____

Mailing Address: 145 Old Turnpike Rd

City: Salisbury State: NH Zip Code: 03268

Telephone (Daytime): (603) 365-5312 (Evening): _____

Facsimile Number: _____ E-Mail Address: danball_@hotmail.com

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: NH Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@granitestatesolar.com

License number: 0366 C State: NH

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Salisbury, NH
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): _____

Name (printed): Charles Bodien

Date: 9/9/15

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Daniel Ball

Printed Name of signature owner

Daniel Ball

Daniel Ball (Oct 28, 2015)

Signature of system owner